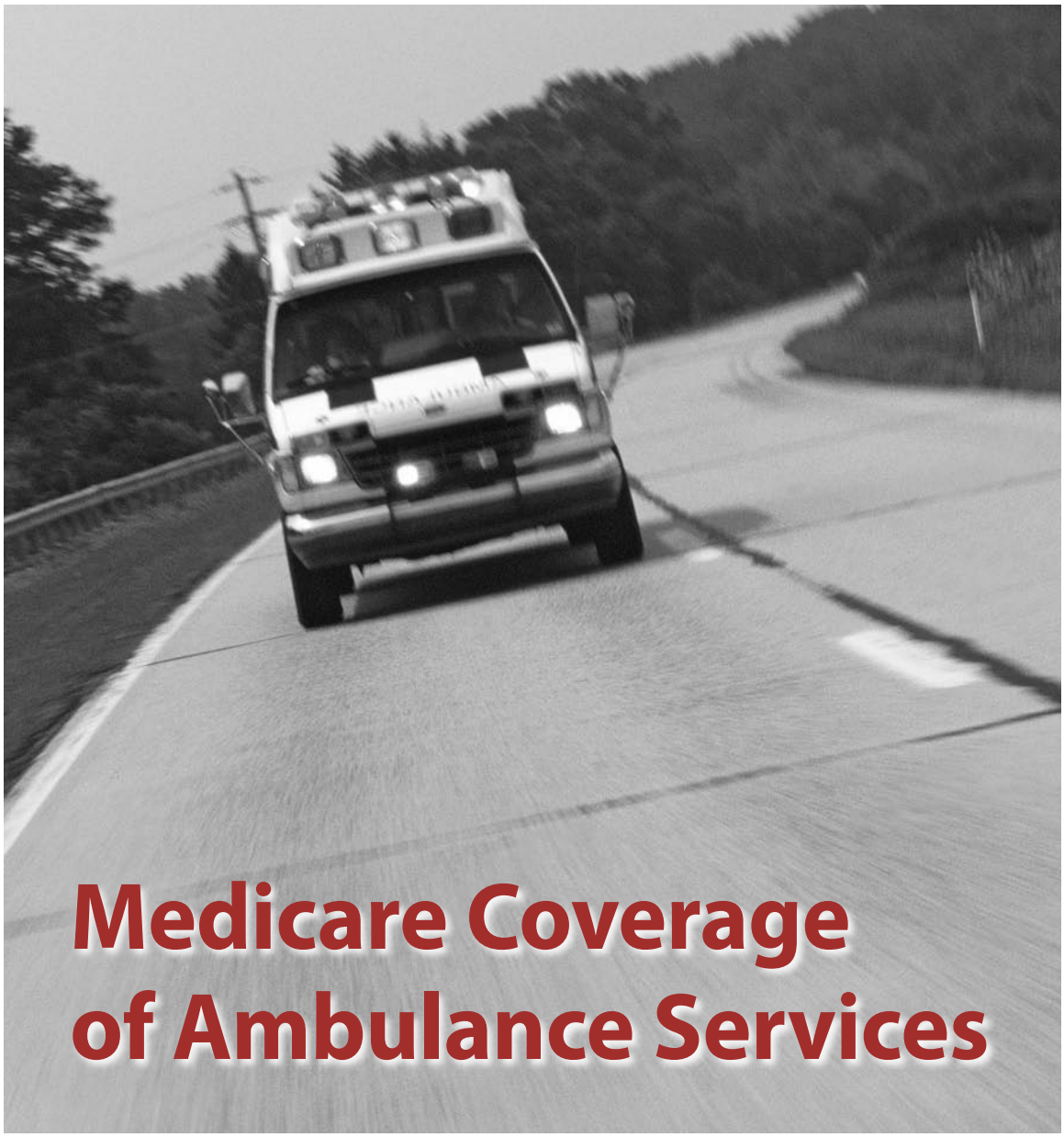
CENTERS FOR MEDICARE & MEDICAID SERVICES



Medicare Coverage of Ambulance Services

This official government booklet explains the following:

- ★ When Medicare helps cover ambulance services
- ★ What Medicare pays
- ★ What you pay
- ★ What to do if Medicare doesn't cover your ambulance service

Table of Contents

"Medicare Coverage of Ambulance Services" isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

Important: The information in this booklet was correct when it was printed. Changes may occur after printing. Call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov to get the most current information. TTY users should call 1-877-486-2048.

Introduction

The information in this booklet is for people who have Original Medicare**.**

Original Medicare is a health coverage choice managed by the Federal government. If you have Original Medicare, you use your red, white, and blue Medicare card when you get medical care.

If you're in a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan, you may have different rules, but your plan must give you at least the same coverage as Original Medicare. Read your plan materials, or call your benefits administrator for more information. Your costs, rights, protections, and/or choices of where you can get your care may be different if you're in one of these plans. You may also get extra benefits.

To learn more about other Medicare-covered services, look at your copy of the "Medicare & You" handbook, which is mailed each fall to people with Medicare. You can also visit http://go.usa.gov/iDJ to view the handbook.

Medicare Coverage of Ambulance Services

Medicare Part B (Medical Insurance) covers ambulance services to or from a hospital, critical access hospital, or a skilled nursing facility only when other transportation could endanger your health. In some cases, Medicare may cover ambulance services from your home or a medical facility to get care for a health condition that requires you to be transported only by ambulance. Medicare may also cover ambulance services to or from a dialysis facility for people with End-Stage Renal Disease (ESRD) who need dialysis, and other transportation could endanger their health.

Emergency ambulance transportation

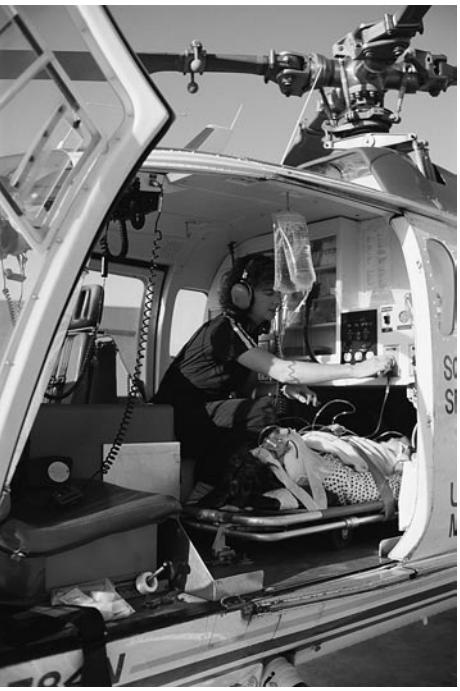
Emergency ambulance transportation is provided after you've had a sudden medical emergency, when your health is in serious danger, and when every second counts to prevent your health from getting worse. The following are examples of when Medicare might cover emergency ambulance transportation:

- You're in severe pain, bleeding, in shock, or unconscious.
- You need oxygen or other skilled medical treatment during transportation.
- You need to be restrained to keep you from hurting yourself or others.

These are only examples. Medicare coverage depends on the seriousness of your medical condition and whether you could have been safely transported by other means.

Medicare will only cover ambulance services to the nearest appropriate medical facility that is able to give you the care you need. If you choose to be transported to a facility farther away, Medicare's payment will be based on the charge to the closest appropriate facility. If no local facilities are able to give you the care you need, Medicare will help pay for transportation to the nearest facility outside your local area that is able to give you the care you need.

Words in red are defined on pages 13–14.



Air transportation

Medicare may pay for emergency ambulance transportation in an airplane or helicopter if your health condition requires immediate and rapid ambulance transportation that ground transportation can't provide, and either your pickup location is: 1) hard to get to by ground transportation; or 2) great distances or other obstacles, like heavy traffic, could stop you from getting care quickly if you traveled by ground ambulance.

Non-emergency ambulance transportation

Non-emergency ambulance transportation may be provided, in some cases, when you need ambulance transportation to diagnose or treat your health condition and use of any other method of transportation could endanger your health.

In some cases, Medicare covers limited non-emergency ambulance transportation if you have a statement from your doctor or other health care provider stating that ambulance transportation is necessary due to your medical condition. For example, Medicare may cover non-emergency ambulance transportation for people confined to bed if other methods of transportation could endanger their health. A person is considered confined to bed if they can't get up from bed without help, can't walk, and can't sit in a chair or wheelchair.

If the ambulance company believes that Medicare won't pay for your non-emergency ambulance service, they might ask you to sign an Advance Beneficiary Notice (ABN). If you sign the ABN, you're responsible for paying the cost of the trip if Medicare doesn't pay.

If you refuse to sign the ABN, the ambulance company can decide whether or not to take you by ambulance. If the ambulance company decides to take you after you refuse to sign, you may still be responsible for paying the cost of the trip if Medicare doesn't. You won't be asked to sign an ABN in an emergency situation.

If Medicare doesn't pay for the ambulance trip and you believe it should have been covered, you may appeal. You must get the service to appeal Medicare's payment decision. See pages 9–10 for information about your appeal rights.

Paying for Ambulance Services

What does Medicare pay?

If Medicare covers your ambulance trip, Medicare will pay 80% of the Medicare-approved amount after you have met the yearly Part B deductible. Medicare's payment may be different if you are transported by a critical access hospital (CAH), or by an entity that is owned and operated by a CAH.

What do I pay?

If Medicare covers your ambulance trip, you pay 20% of the Medicare-approved amount, after you have met the yearly Part B deductible.

In most cases, the ambulance company can't charge you more than 20% of the Medicare-approved amount and any unmet Part B deductible. What you pay may be different if you are transported by a critical access hospital (CAH), or an entity that is owned and operated by a CAH. All ambulance companies must accept the Medicare-approved amount as payment in full.

How do I know if Medicare didn't pay for my ambulance service?

You will get a Medicare Summary Notice (MSN) from the company that handles bills for Medicare. The notice will tell you why Medicare didn't pay for your ambulance trip.

Words in red are defined on pages 13–14.

For instance, if you chose to go to a facility farther than the closest one, you may get this statement on your notice:

> "Payment for ambulance transportation is allowed only to the closest appropriate facility that can provide the care you need."

Or, if you used an ambulance to move from one facility to one closer to home, your notice may say:

> "Transportation to a facility to be closer to your home or family isn't covered."

These are only examples of statements you may see on your MSN. Statements vary depending on your situation. If you have questions about what Medicare paid, call the number on your MSN or 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare Rights and Protections

What can I do if Medicare doesn't pay for an ambulance trip I think should be covered?

You or someone you trust should carefully review your Medicare Summary Notice (MSN) and any other paperwork about your ambulance bill. You may find errors in the paperwork that can be fixed. For more information, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

While reviewing your MSN and other paperwork, you may find that Medicare denied your claim for one of the following reasons:

1) The ambulance company didn't fully document why you needed ambulance transportation.

If this happens, contact the doctor who treated you or the discharge social worker at the hospital to get more information about your need for ambulance transportation. You can send this information to the company that handles bills for Medicare or ask your doctor to send it. Look on your MSN for the address.

2) The ambulance company didn't file the proper paperwork.

If this happens, you can ask the ambulance company to refile your claim. Don't pay the bill until the ambulance company has done this. If refiling your claim doesn't result in payment, you may file an appeal. For more information, call 1-800-MEDICARE.

Words in red are defined on pages 13–14.

What if Medicare still won't pay?

If you have Medicare, you have certain guaranteed rights to help protect you. One of your rights is the right to a process for appealing decisions about health care payment or coverage of services.

If Medicare doesn't cover your ambulance trip, and you think it should have been covered, you have a right to appeal. An appeal is an action you take if you disagree with a decision Medicare makes. To file an appeal:

- Review your Medicare Summary Notice (MSN). It will tell you why your bill wasn't paid, how long you have to file an appeal, and what appeal steps you can take.
- Ask your doctor or provider for any information that might help your case.
- Keep a copy of everything you send to Medicare as part of your appeal.
- If you need help filing an appeal, call your local State Health Insurance Assistance Program (SHIP). Call 1-800-MEDICARE (1-800-633-4227) to get the phone number. TTY users should call 1-877-486-2048. You can also visit www.medicare.gov.

For more detailed information about appeals and other Medicare rights and protections, visit http://go.usa.gov/low to view the booklet "Your Medicare Rights and Protections." You can also call 1-800-MEDICARE to find out if this booklet can be mailed to you.

Getting More Information

For more information about Medicare and related topics:

- Call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, every day. TTY users should call 1-877-486-2048.
- Visit www.medicare.gov.

Medicare Products

Medicare has information to help you make good health care decisions. You can view Medicare products to learn more about the topics that interest you. New products with detailed information about important subjects are added frequently.

How do I get these products?

1. Visit www.medicare.gov/publications/. You can read or print booklets. This is the fastest way to get a copy.
2. Call 1-800-MEDICARE, and say "publications" to find out if a booklet can be mailed to you.

Some booklets are available in English, Spanish, Audiotape (English and Spanish), Braille, and Large Print (English).

Note: Some products may not be available through 1-800-MEDICARE, but all will be available by visiting www.medicare.gov.

Words in red are defined on pages 13–14.


Emergency
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Definitions

Advance Beneficiary Notice (ABN)—In Original Medicare, a notice that a doctor, supplier, or provider gives a Medicare beneficiary before furnishing an item or service if the doctor, supplier, or provider believes that Medicare may deny payment. In this situation, if you are not given an ABN before you get the item or service, and Medicare denies payment, then you may not have to pay for it. If you are given an ABN, and you sign it, you will probably have to pay for the item or service if Medicare denies payment.

Appeal—An appeal is the action you can take if you disagree with a coverage or payment decision made by Medicare, your Medicare health plan, or your Medicare Prescription Drug Plan. You can appeal if Medicare or your plan denies one of the following:

- Your request for a health care service, supply, or prescription that you think you should be able to get
- Your request for payment for health care or a prescription drug you already got
- Your request to change the amount you must pay for a prescription drug

You can also appeal if you are already getting coverage and Medicare or your plan stops paying.

Critical Access Hospital (CAH)—A small facility that provides outpatient services, as well as inpatient services on a limited basis, to people in rural areas.

Deductible—The amount you must pay for health care or prescriptions, before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

Medicare Advantage Plan (Part C)—A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

Medicare-Approved Amount—In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It includes what Medicare pays and any deductible, coinsurance, or copayment that you pay. It may be less than the actual amount a doctor or supplier charges.

Medicare Summary Notice (MSN)—A notice you get after the doctor or provider files a claim for Part A or Part B services in Original Medicare. It explains what the doctor or provider billed for, the Medicare-approved amount, how much Medicare paid, and what you must pay.

Original Medicare—Original Medicare is fee-for-service coverage under which the government pays your health care providers directly for your Part A and/or Part B benefits.

Skilled Nursing Facility—A nursing facility with the staff and equipment to give skilled nursing care and, in most cases, skilled rehabilitative services and other related health services.

State Health Insurance Assistance Program (SHIP)—A state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

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This booklet is available in Spanish. To get a free copy, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Esta publicación está disponible en Español. Para obtener una copia, llame al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

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